

BEST AVAILABLE COPY

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C., 20549

FORM D

NOV 1 5 2004

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D<sub>202</sub>
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

ONID AFFROVAL									
OMB Nun	nber:	3235-0076							
Expires:	Novembe	er 30, 2001							
Estimated average burden hours									
per respon	se	16.00							
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OMB ADDDOMAI

Name of Offering (∐ check if this is an amendment and name has changed, and i	ndicate change.)
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	☐ Section (6) ☐ ULOE
Type of Filing: New Filing Amendment	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
A. BASIC IDENTIFICATION DAT	Α
Enter the information requested about the issuer	
Name of the Issuer ( check if this is an amendment and name I	has changed, and indicate change.) リスクス(//
Internet Telephone Company, LLC	102010
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
11970 Borman Drive, Suite 100, St. Louis, MO 63146	(314) 692-3521
Address of Principal Business Operations(Number and Street, City, State, Zip	Telephone Number (Including Area Code)
Code) (if other than Executive Offices)	
Brief Description of Business	D~
Provider of Internet telephone services	PROCES-
Type of Business Organization	-0850
· · · _ · · ·	please specify:
	shility company
Month Year	Actual   Estimate   THOMSON
Actual or Estimated Date of Incorporation or	☐ Actual ☐ Estimate
Organization:   0   2   0   3	
	-
Jurisdiction of Incorporation of Organization (Enter two letter U.S. Postal Service a	bbreviation MO
· · · · · · · · · · · · · · · · · · ·	

### **GENERAL INSTRUCTIONS:**

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.301 et seg. or 15 U.S.C. 77d (6).

When to file: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to file: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2/99) 1 of 8

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;  Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of 10% or more of a									
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> </ul>									
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>									
Each covered and managing portray of north eaching inquiers									
● Each general and managing partner of partnership issuers.  Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Johnson, Tim J.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
11970 Borman Drive, Suite 100, St. Louis, MO 63146									
Check Box(es) that Apply: Promoter Beneficial Owner Executive officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Clarke, Dennis G.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
business of residence features and earlies, only, state, Elp esaely									
11970 Borman Drive, Suite 100, St. Louis, MO 63146									
Check Box(es) that Apply:  Promoter Beneficial Owner Executive officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Kennedy, Dan P.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Dublinos of Accidence Accident and October, Only, States, Elp Goddy									
11970 Borman Drive, Suite 100, St. Louis, MO 63146									
Check Box(es) that Apply:  Promoter Beneficial Owner Executive officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Baird, Larry R.									
Business or Residence Address (Number and Street, City, State, Zip Code									
business of Residence Address (Number and Street, City, State, 2ip Code									
11970 Borman Drive, Suite 100, St. Louis, MO 63146									
Check Box(es) that Apply:  Promoter Beneficial Owner Executive officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Matthews, Brian									
Business or Residence Address (Number and Street, City, State, Zip Code)									
11970 Borman Drive, Suite 100, St. Louis, MO 63146									
Check Box(es) that Apply: Promoter Beneficial Owner Executive officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Rivercity Internet Group, L.L.C.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
11756 Borman Drive, St. Louis, MO 63146									
(Lise blank sheet or conviged use additional copies of this sheet as necessary)									

					B. INFO	RMATIO	N ABOU	OFFER	ING					
1	Has the is	ssuer solo	l, or does	the issue	er intend	to sell, to	non-acc	redited in	vestors ir	this offe	ring?		Yes	No ⊠
				Answer	also in A	ppendix,	Column 2	t, if filing (	under UL	OE.				
2.	What is the Note: Min							individua	l?		••••••		\$ <u>50</u>	000,0
3.	Does the	offerina p	ermit ioir	nt owners	hip of a s	inale unit	:?						Yes ⊠	No
4.	Enter the													
	commissi person to states, lis broker or	on or sim be listed t the nam dealer, yo	ilar remui is an ass e of the b ou may se	neration f ociated p oroker or et forth th	or solicita erson or dealer. I	ation of page at a gent of a gent of the state of the sta	urchasers a broker an five (5	in conne or dealer persons	ection with registere to be list	n sales o	f securitie e SEC an	s in the o	iffering. If a state of	f
Full Na	me (Last na	ame first,	if individu	ıal)										
Busines	ss or Resid	ence Add	ress (Nur	nber and	Street, C	City, State	, Zip Coc	le)	·					
Name o	of Associate	ed Broker	or Deale	7										
States i	n Which Pe	erson List	ed Has S	olicited o	r Intends	to Solicit	Purchas	ers						
(Check	"All States"	or check	individua	al States)			,			••••••	••••••		☐ All S	tates
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [iA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
	me (Last na													
	Did		/NI		Otro at 6	N'4 - O1 - 1 -	7:- 0			,				
Busines	ss or Resid	ence Ada	ress (Nur	nber and	Street, C	ity, State	e, Zip Coc	ie)						
Name o	of Associate	ed Broker	or Deale	r				·						
States i	n Which Pe	erson List	ed Has S	olicited o	r Intends	to Solicit	Purchas	ers						
(Check	"All States"	or check	individua	al States)				•••••	••••••				☐ All S	tates
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		
[RI] Full Na	[SC] me (Last na	[SD] ame first,	[TN] if individu	[TX] ıal)	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Busine	ss or Resid	ence Add	ress (Nur	mber and	Street, 0	City, State	e, Zip Coo	le)						
Name o	of Associate	ed Broker	or Deale	r										
States	in Which Pe	erson List	ed Has S	olicited o	r Intends	to Solicit	Purchas	ers						
	c "All States												☐ All S	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] ITXI	[CO] [LA] [NM]	[CT] [ME] [NY] IVTI	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS  Enter the aggregate offering price of securities included in this offering and the total amount already sold.  Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	
	Aggregate  Type of Security  Offering Price	Amount e Already Sold
	Debt\$	0 \$ 0
	Equity\$\$	0 \$ 0
	☐ Common ☐ Preferred	
	Convertible Securities (including warrants)	<u>0</u> \$0
	Partnership Interest\$	<u>0</u> \$0
	Other (Specify) limited liability company membership units	0 \$ 100,000
	Total\$ 1,250,00	0 \$ 100,000
	Answer also in Appendix, Column 3, if filing under ULOE.	,
۷.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Aggregate Dollar
	Number învestors	Amount of Purchases
		<u>1</u> \$ <u>100,000</u>
	Non-Accredited Investors	0 \$0
	Total (for filings under Rule 504 only)	\$
	Answer also in Appendix, Column 4, if filing under ULOE.	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.  Type of	Dollar
	Type of offering Security	Amount Sold
	Rule 505	\$
	Regulation A	_ \$
	Rule 504	_ \$
	Total	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given a subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	s
	Transfer Agent's Fees	□ \$
	Printing and Engraving Costs	X \$ <u>1,000</u>
	Legal Fees	<b>⊠</b> \$ <u>25,000</u>
	Accounting Fees	□ \$
	Engineering Fees	
	Sales Commissions (specify finders' fees separately)	
	Other Expenses (identify)	
	Total	

C.	OFFERING PRICE,	NUMBER	OF INVESTORS.	<b>EXPENSES</b>	AND USE	OF PROCEEDS
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b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$1,224,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C—Question 4.b above.

		Payments to Officers, Directors, & Affiliates	Payment to Others
Salaries and Fees		□ \$ <u> </u>	<b>\$</b> 0
Purchase of real estate		□ \$ <u> </u>	□ \$ <u> </u>
Purchase, rental or leasing and installation of n	nachinery and equipment		□ \$ <u> </u>
Construction or leasing of plant, buildings and	facilities	□ \$ <u> </u>	<b>\$</b> 0
Acquisition of other businesses (including the value that may be used in exchange for the assets of to a merger)	r securities of another issuer pursuant	□\$ 0	□\$ 0
Repayment of indebtedness		□ \$     250,000	_
Working capital		□ \$	
Other (specify):		□ \$ <u> </u>	□ \$ <u> </u>
		□ \$o	□ \$ <u> </u>
Column Totals			□ \$ <u> </u>
Total Payments Listed (column totals added)			⊠ \$ <u>1,224,000</u>
D. F	EDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the following signature constitutes an undertaking by the written request of its staff, the information furnished by the Rule 502.	issuer to furnish to the U.S. Securities and	Exchange Commi	ssion, upon
Issuer (Print or Type)	Signature	Date	
Internet Telephone Company, LLC		November 5,	2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Tim J. Johnson	President and CEO		

F	$\cap$	B.	M	[ ]	Γ

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 16 U.S.C. 1001.)

1		IAIE SIGNATURE			
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or	(f) presently subject to any of the disqualific	ation provisions of	Yes	No
••	such rule?	(r) processing easyest to any or the disquainte	augn providence	$\Box$	$\boxtimes$
	See Appendix,	Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to furnish to Form D (17 CFR 239.500) at such times as required by		h this notice is filed,	a noti	ce on
3.	The undersigned issuer hereby undertakes to furnish to issuer to offerees.	the state administrator, upon written reques	st, information furnis	hed by	/ the
4.	The undersigned issuer represents that the issuer is fam Limited Offering Exemption (ULOE) of the state in which of this exemption has the burden of establishing that the	this notice is filed and understands that the			
	e issuer has read this notification and knows the contents dersigned duly authorized person.	to be true and has duly caused this notice t	o be signed on its b	ehalf b	y the
_					
ls	suer (Print or Type)	Signature	Date		
<u>In</u>	ternet Telephone Company, LLC		November 5, 200	)4	
Na	ame (Print or Type)	Title (Print or Type)			

President and CEO

# Instruction:

Tim J. Johnson

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed printed signatures.

			77	APP	ENDIX					
1	. 2	2 3 4								
•		on- edited	Type of security and aggregate offering price offered in State (Part C—Item1)		Type of investor and Amount purchased in State (Part C—Item2)					
State	Yes	No		Number of Accredited investors	Amount	Number of Non- Accredited Investors	Amount	Yes	m1) No	
AL										
AK										
AZ					•					
AR										
CA							······································			
СО										
СТ					-					
DE										
DC										
FL										
GA										
Н										
ID										
IL										
IN		-								
łΑ										
KS					<u></u>					
KY										
LA										
ME					-					
MD										
MA										
МІ										
MN					-					
MS									,,,	
MO		X	LLC Membership Units	1	\$100,000	0	0		X	
			(\$100,000)							

9tate	-Yes	No	Number of Accredited investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
МТ		]						
NE								
NV				_				
NH								
NJ				,				
NM								
NY								
NC								
ND								
ОН								
ОК								
OR								
PA								
RI								
sc								
SD								
TN								
TX								
UT					:			
VT								
VA								
WA								
WV								
WI								
WY								
PR								